

FRATERNAL SOCIETIES

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: Alabama **Filings Made During the Year 2009**

| (1) Check-list | (2) Line # | (3) REQUIRED FILINGS FOR THE ABOVE STATE | (4) NUMBER OF COPIES* | | | (5) DUE DATE | (6) FORM SOURCE** | (7) APPLICABLE NOTES |
|-------------------|---------------|--|--------------------------|------|---------|------------------------|----------------------|-------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | | |
| | 1 | Annual Statement (8 1/2"x14") | 1 | EO | xxx | 3/1 | NAIC | A,R |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E25) | 1 | EO | xxx | 3/1 | NAIC | B |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | 1 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | O |
| | 3 | Separate Accounts Annual Statement (8 1/2"x 14") | 1 | EO | xxx | 3/1 | NAIC | B |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 10 | Accident & Health Policy Experience Exhibit | 1 | EO | xxx | 4/1 | NAIC | O |
| | 11 | Actuarial Certification Related Annuity Nonforfeiture Compliance | 1 | EO | xxx | 3/1 | Company | O |
| | 12 | Actuarial Opinion on X-Factors | 1 | EO | xxx | 3/1 | Company | O |
| | 13 | Actuarial Opinion on Separate Accounts Funding | 1 | EO | xxx | 3/1 | Company | O |
| | 14 | Actuarial Certification Related Annuity Nonforfeiture Compliance | 1 | EO | xxx | 3/1 | Company | O |
| | 15 | Interest Sensitive Life Insurance Products Report | 1 | EO | xxx | 4/1 | NAIC | O |
| | 16 | Investment Risk Interrogatories | 1 | EO | xxx | 4/1 | NAIC | O |
| | 17 | Long Term Care Experience Reporting Forms | 1 | EO | xxx | 4/1 | NAIC | O |
| | 18 | Management Discussion & Analysis | 1 | EO | N/A | 4/1 | Company | O |
| | 19 | Medicare Supplement Insurance Experience Exhibit | 1 | EO | xxx | 3/1 | NAIC | B,O |
| | 20 | Medicare Part D Coverage Supplement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | B,O |
| | 21 | Reasonableness of Assumptions Certification | 1 | EO | xxx | 5/15, 8/15, 11/15 | Company | O |
| | 22 | Reasonableness & Consistency of Assumptions Cert. | 1 | EO | xxx | 5/15, 8/15, 11/15 | Company | O |
| | 23 | Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method | 1 | EO | xxx | 5/15, 8/15, 11/15 | Company | O |
| | 24 | Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value) | 1 | EO | xxx | 5/15, 8/15, 11/15 | Company | O |
| | 25 | Reasonableness & Consistency of Assumptions Cert. (Updated Market Value) | 1 | EO | xxx | 5/15, 8/15, 11/15 | Company | O |
| | 26 | Risk-Based Capital Report | 1 | EO | xxx | 3/1 | NAIC | B |
| | 27 | RBC Certification required under C-3 Phase I | 1 | N/A | xxx | 3/1 | Company | B |
| | 28 | RBC Certification required under C-3 Phase II | 1 | N/A | xxx | 3/1 | Company | B |
| | 29 | Statement of Actuarial Opinion | 1 | EO | 1 | 3/1 | Company | B |
| | 30 | Statement on non-guaranteed elements – Exhibit 5 Interr. #3 | 1 | EO | xxx | 3/1 | Company | B,O |
| | 31 | Statement on participating/non-participating policies – Exhibit 5, Interr. #1 | 1 | EO | xxx | 3/1 | | B,O |
| | 32 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | B,O |
| | 33 | Trusted Surplus Statement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | B |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 40 | Annual Statement Electronic Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 41 | March .PDF Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 42 | Separate Accounts Electronic Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 43 | Separate Accounts .PDF Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 44 | Supplemental Electronic Filing | xxx | 1 | xxx | 4/1 | NAIC | |
| | 45 | Supplemental .PDF Filing | xxx | 1 | xxx | 4/1 | NAIC | |
| | 46 | Quarterly Statement Electronic Filing | xxx | 1 | xxx | 5/15, 8/15 & 11/15 | NAIC | |
| | 47 | Quarterly .PDF Filing | xxx | 1 | xxx | 5/15, 8/15 & 11/15 | | |
| | 48 | June .PDF Filing | xxx | 1 | xxx | 6/1 | NAIC | |
| | | IV. AUDITED FINANCIAL STATEMENTS | | | | | | |
| | 61 | Accountants Letter of Qualifications | 1 | N/A | N/A | | Company | O |
| | 62 | Audited Financial Statements | 1 | EO | N/A | 6/1 | Company | O |
| | 63 | Audited Financial Statements Exemption Affidavit | 1 | N/A | N/A | | Company | O |
| | 64 | Independent CPA | 1 | N/A | N/A | | Company | O |
| | 65 | Notification of Adverse Financial Condition | 1 | N/A | N/A | | Company | O |
| | 66 | Report of Significant Deficiencies in Internal Controls | 1 | N/A | N/A | | Company | O |
| | 67 | Request for Exemption to File | 1 | N/A | N/A | | Company | J,O |

| | | V. STATE REQUIRED FILINGS | | | | | | |
|--|-----|---|---|---|---|-----|-------|-----|
| | 101 | Certificate of Compliance | 0 | 0 | 1 | 3/1 | State | B,P |
| | 102 | Certificate of Deposit | 0 | 0 | 1 | 3/1 | State | B,P |
| | 103 | Certificate of Valuation | 0 | 0 | 1 | 3/1 | State | B,P |
| | 104 | Filings Checklist (with Column 1 completed) | 1 | 0 | 1 | 3/1 | State | B |
| | 105 | Premium tax | 0 | 0 | 0 | | State | D |
| | 106 | State Filing Fees | 1 | 0 | 1 | 3/1 | State | C,Q |
| | 107 | Signed Jurat | 0 | 0 | 1 | | NAIC | L |
| | 108 | Application for Renewal | 1 | 0 | 1 | 3/1 | State | B,Q |
| | 109 | Official List | 1 | 0 | 1 | 3/1 | State | B,Q |
| | 110 | Retaliatory Statement | 0 | 0 | 1 | 3/1 | State | P,Q |

* ALDOI no longer accepts paper filings of foreign insurers' annual financial statements. All foreign insurers' annual financial statements must be submitted electronically to the National Association of Insurance Commissioners (NAIC) in lieu of submitting a paper copy to the Department.

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (Electronic only filing)

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

| NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | | | |
|---|--|--|--|
| A | <p>Required Filings Contact Persons:</p> <p>Ann Strickland, Examiner (334) 241-4154 Ann.Strickland@insurance.alabama.gov</p> <p>Belinda Williams, Examiner (334) 241-4162 Belinda.Williams@insurance.alabama.gov</p> <p>Todrick Burks, Examiner (334) 241-4163 Todrick.Burks@insurance.alabama.gov</p> | | |
| B | <p>Mailing Address:</p> <p><u>Postal Service:</u> Alabama Department of Insurance c/o Compass Bank P. O. Box 830691 Birmingham, AL 35283-0691</p> <p><u>Courier Service:</u> Alabama Department of Insurance c/o Compass Bank 701 South 32nd Street Birmingham, AL 35233</p> | | |
| C | <p>Mailing Address for Filing Fees:</p> <p>The \$175.00 Audit & Examination Fees and completed Transmittal Forms should be mailed to:</p> <p><u>Postal Service:</u> Alabama Department of Insurance c/o Compass Bank P. O. Box 830707 Birmingham, AL 35283-0707</p> <p>The \$55.00 Certificate of Authority renewal fee and \$25.00 annual statement filing fee should be attached to the completed Fees Return and mailed to:</p> <p><u>Postal Service:</u> Alabama Department of Insurance c/o Compass Bank P. O. Box 830691 Birmingham, AL 35283-0691</p> <p><u>Courier Service:</u> Alabama Department of Insurance c/o Compass Bank 701 South 32nd Street Birmingham, AL 35233</p> | | |

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|---|---|--|
| D | <p>Mailing Address for Premium Tax Payments:</p> <p>Fraternal are exempt from premium tax.</p> | |
| E | <p>Delivery Instructions:</p> <p>All filings must be postmarked no later than the due date. If the due date falls on a weekend or holiday, the due date is the next business day.</p> | |
| F | <p>Late Filings:</p> <p>Fraternal will be fined \$100 per day for late filing of the Annual Statement.</p> | |
| G | <p>Original Signatures:</p> <p>Original signatures are required on all filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions.</p> | |
| H | <p>Signature/Notarization/Certification:</p> <p>The President or Vice President and Secretary or Actuary are required to file the Annual Statement. Must be notarized.</p> | |
| I | <p>Amended Filings:</p> <p>Amended Annual Statements must be properly bound and mailed along with an explanation of the Amendments to: 201 Monroe Street, Suite 1700, Montgomery, AL 36104.</p> | |
| J | <p>Exceptions from normal filings:</p> <p>Annual Statements: An extension of up to 30 days can be granted only if the request is made in writing and good cause is shown. Foreign companies must furnish a copy home state approval, along with their written request.</p> <p>Audited Financial Statements: Requests for extension, exemption and to file on a consolidated basis must be made in writing at least 10 days prior to the due date.</p> | |
| K | <p>Bar Codes (State or NAIC)</p> <p>The NAIC Annual Statement Instructions should be followed.</p> | |
| L | <p>Signed Jurat:</p> <p>Foreign:</p> <p>This state waives foreign insurers from filing printed quarterly statements, annual statements and supplements. The signed jurat page is required for the Annual Statement.</p> | |
| M | <p>NONE Filings:</p> <p>The NAIC Annual Statement Instructions should be followed.</p> | |

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|--|---|--|--|
| | N | <p>Filings new, discontinued or modified materially since last year:</p> <p>Foreign insurers are no longer required to file a hard copy Annual Statement with this Department if it is filed electronically with the NAIC.</p> | |
| | O | <p>Domestic companies should mail the Quarterly Financial Statement, MDA, Supplement filings made after 3/1, and Audited Financial Statements to the Alabama Department of Insurance, 201 Monroe Street, Suite 1700, Montgomery, AL 36104.</p> | |
| | P | <p>Foreign insurers should send the Certificates which are filed after the March 1st filings to the Alabama Department of Insurance, 201 Monroe Street, Suite 1700, Montgomery, AL 36104. All other certificates filed by foreign insurers prior to the March 1st due date should be mailed along with the annual premium tax form to the address referenced in note B.</p> | |
| | Q | <p>State Specific forms are located on the Insurance Department website at www.aldoi.gov / Companies/Forms and then either Foreign Insurance Companies/Foreign Fraternal or Domestic Insurance Companies/Domestic Fraternal.</p> | |
| | R | <p>The Alabama Department of Insurance no longer accepts the paper filings of financial statements from foreign insurers. All foreign insurers' annual financial statements must be submitted electronically to the National Association of Insurance Commissioners (NAIC) in lieu of submitting a paper copy to the Department. All domestic insurers are still required to submit annual and quarterly statements in paper copy to the Department as well as electronically to the NAIC by the statutory due date.</p> | |

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is .pdf files for annual statement data, detail for investment schedules and supplements due March 1.

The *Separate Accounts Electronic Filing* includes the separate accounts annual statement and investment schedule detail.

The *Separate Accounts .PDF Filing* is the .pdf file for the separate accounts annual statement and investment schedule detail.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplemental .PDF Filing* is the .pdf file for all supplements due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (E) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions (generally, on its website). If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.